

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE (CDI)

TRANSMITTAL LETTER FOR SUBMISSION OF  
ADVISORY ORGANIZATION MANUAL

Your file #: \_\_\_\_\_  
(15 characters maximum)

\_\_ Original \_\_ Copy 1 \_\_ Copy 2 \_\_ Copy 3

Department Use Only

FILING NO.: \_\_\_\_\_

DATE FILED: \_\_\_\_\_

COMPLIANCE DATE: \_\_\_\_\_

DATE PUBLIC NOTIFIED: \_\_\_\_\_

DEEMER DATE: \_\_\_\_\_

INTAKE ANALYST: \_\_\_\_\_

BUREAU CODE & SR.: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Advisory Organization Name \_\_\_\_\_

Organized Under the Laws of the State of \_\_\_\_\_

Line of Insurance \_\_\_\_\_ Subline \_\_\_\_\_  
(as it appears in CA-MTL 3 of 3) (as it appears in CA-MTL 3 of 3)

Program \_\_\_\_\_

Home Office \_\_\_\_\_

Main Administrative Office in California \_\_\_\_\_

Name and Title of Contact Person \_\_\_\_\_

Toll Free Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_  
**If not available, collect calls will be made.**

Internet Address (if available): \_\_\_\_\_

Mailing Address \_\_\_\_\_

I declare under penalty of perjury, under the laws of the State of California, that the information filed is true, complete, and correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date of Filing

\_\_\_\_\_  
Telephone Number

ADVISORY ORGANIZATION MANUAL TRANSMITTAL LETTER DATA SHEET

Each filing or modification must meet the filing requirements of sections 2199.2.6 and 2199.2.7 or the submissions will be REJECTED.

TITLE OF MANUAL: \_\_\_\_\_

The purpose of this filing is as follows: (More than one item may be marked.)

Documents or Information Required

- |   |  |
|---|--|
| <input type="checkbox"/> New Program Manual   | Explain purpose and intent of new manual   |
| <input type="checkbox"/> Revision or Replacement Manual<br>revising or replacing the following: | CDI File # of approved manual<br>this submission replaces _____  |
| <input type="checkbox"/> Policy Writing Rules   | Describe each revision, explain reasons<br>for each revision, and include a copy of<br>the revised or replaced manual. |
| <input type="checkbox"/> Rating Rules   |  |
| <input type="checkbox"/> Rating Plans   |  |
| <input type="checkbox"/> Classification Codes & Descriptions                                    |  |
| <input type="checkbox"/> Territorial Codes & Descriptions                                       |  |
| <input type="checkbox"/> Prospective Loss Costs   |  |

STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE

Insurer Name: \_\_\_\_\_  
Line of Business: \_\_\_\_\_

**LINE OF BUSINESS:** This filing pertains to the following line(s) of insurance:

	<b>LINE:</b>	<b>SUBLINE:</b>
<input type="checkbox"/>	PERSONAL LINES:	(Only the following sublines should be designated.)
	_____ Fire	
	_____ Allied Lines	
	_____ Homeowners Multi-Peril	<u>Personal</u>
<input type="checkbox"/>	COMMERCIAL LINES:	
	_____ Commercial Multi-Peril	_____ Mobile Homeowners
	_____ Earthquake	_____ Motorcycle
	_____ Farmowners Multi-Peril	_____ Pleasure Boats
	_____ Inland Marine	_____ Umbrella/Excess
	_____ Medical Malpractice	_____ Other (Please Specify)
	_____ Other Liability	_____
	_____ Auto Liability	_____ None
	_____ Auto Physical Damage	
	_____ Auto Liab. & Phys. Dmg.	<u>Commercial</u>
	_____ Aircraft	_____ Businessowners
	_____ Glass	_____ Liquor Liability
	_____ Burglary & Theft	_____ Manufacturers & Contractors
	_____ Boiler & Machinery	_____ Owners, Landlords, & Tenants
	_____ Fidelity	_____ Other Professional Liability
	_____ Surety	_____ Product Liability
	_____ Miscellaneous	_____ Special Multi-Peril
		_____ Umbrella/Excess
		_____ Other (Please specify)
		_____
		_____ None